FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

		<i>-</i> /\	<b>U</b> 117	 
Nashington	D.C.	20549		

Check this box if no longer subject to Section 16. Form 4 or Form 5	STATEMENT
obligations may continue. See	
Instruction 1(b)	Filed n

T OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL									
	OMB Number: 3235-0287									
l	Estimated average burden									
1	hours per response:	0.5								

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is
intended to satisfy the affirmative
defense conditions of Rule 10b5-

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1(c). S	ee Instruction 1	0.																	
1. Name and Address of Reporting Person* Suzuki Miyuki				2. Issuer Name <b>and</b> Ticker or Trading Symbol TWILIO INC [ TWLO ]								5. Relationship of Reporting Person(s) to Issu (Check all applicable)							
<u>Suzuki Wilyuki</u>				1									1	Direc			10% O		
(Last) (First) (Middle) 101 SPEAR STREET, FIFTH FLOOR					3. Date of Earliest Transaction (Month/Day/Year) 12/15/2024								Office below	er (give title v)		Other (below)	specify		
(Street) SAN FRANCE	ISCO CA	A 9	4105		4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable Line)  Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City)	(St	ate) (Ž	<u>Z</u> ip)																
		Table	I - No	n-Deriva	tive S	Secu	rities	Acc	uired	, Dis	posed of	, or B	enef	icially	/ Own	ed			
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day)						Execution Date,				s Acquired (A) of (D) (Instr. 3, 4		4 and Secur Benef Owne		rities F ficially ( ed Following (		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) o	(A) or (D) Price			orted saction(s) tr. 3 and 4)			(Instr. 4)
Class A Common Stock 12/15.					024		A		741(1)	A	A \$0		14,846 <sup>(2)</sup>			D			
Class A Common Stock 12/15/20				024			F		167(3)	D \$1		12.98	98 14,679 <sup>(2)</sup>		D				
		Tal	ole II								osed of, convertib				Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execu if any	Deemed cution Date, by Code nth/Day/Year)  4. Trans Code 8)					6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		8. Price of Derivative Security (Instr. 5)			Owne Form: Direct or Ind (I) (Ins	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
		Code V (A		(A)	(D)	Date Expiration Exercisable Date Title			Amous or Number of Shares	er									

## **Explanation of Responses:**

- 1. The shares reported in this transaction represent Restricted Stock Units ("RSUs"). Each RSU represents the contingent right to receive one share of the Issuer's Class A common stock. The RSUs vested immediately on the date of grant.
- 2. A portion of these shares represent RSUs. Each RSU represents a contingent right to receive one share of Issuer's Class A common stock.
- 3. Represents shares of Class A common stock that were withheld by the Issuer to satisfy tax withholding obligations of the Reporting Person in connection with the vesting of RSUs.

## Remarks:

/s/ Sarah DiLorenzo as attorney-in-fact for Reporting 12/17/2024 Person

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.